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CONFIRMATION NO. 6532

<b>SERIAL NUMBER</b> 10/551,328	<b>FILING or 371(c) DATE</b> 07/07/2006 <b>RULE</b>	<b>CLASS</b> 198	<b>GROUP ART UNIT</b> 3651	<b>ATTORNEY DOCKET NO.</b> 6900-27		
<b>APPLICANTS</b> Gabriel Lodewijks, Emmer-Compascuum, NETHERLANDS; Karel Frederik Drenth, Gouda, NETHERLANDS; <i>JRB 8/21/07</i>						
<b>** CONTINUING DATA *****</b> <i>yes</i> This application is a 371 of PCT/NL04/00192 03/18/2004 <i>JRB 8/21/07</i>						
<b>** FOREIGN APPLICATIONS *****</b> <i>yes</i> NETHERLANDS 1023050 03/31/2003						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 12/08/2006						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <i>JRB 8/21/07</i> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> NETHERLANDS	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 3	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> AKERMAN SENTERFITT P.O. BOX 3188 WEST PALM BEACH, FL 33402-3188 UNITED STATES						
<b>TITLE</b> Supporting organ for an axially moving body						
<b>FILING FEE RECEIVED</b> 515	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			